An Open Letter to George D. Lundberg, MD
by
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Dear Dr. Lundberg,

As a student of the Kennedy murder who has followed the unusual coverage of that death in JAMA, I was recently informed that the American Medical Association (AMA) had agreed to pay Charles Crenshaw, MD, author of *JFK-Conspiracy of Silence*, damages for libel to settle out of court Crenshaw's suit for damages resulting from a May 27, 1992 article in the AMA's journal (JAMA), which you edit.[1][1] By the terms of settlement, Crenshaw will be allowed to publish a rebuttal to JAMA's libels. I have read his rebuttal, as well as the response JAMA intends to publish in response to his rebuttal. It seems that while JAMA takes exception to the book's portrayal of Crenshaw as central in Kennedy's resuscitation effort (a claim Crenshaw admitted was an exaggeration[2][2]), JAMA's major dispute is Crenshaw's claim that JFK's wounds, as he saw them, are incompatible with an assassin firing from the rear, and that there has been a 'conspiracy of silence' among Parkland and other witnesses to obscure the truth of Oswald's innocence. You apparently intend to argue that under the circumstances of his viewing, Crenshaw could not have distinguished bullet entrance wounds from exit wounds. As the concluding sentence of JAMA's prior article that criticized Crenshaw read, "This special report is our attempt to confront defamers of the truth.",[3][3] one might have expected JAMA had arrived at the Crenshaw-demolishing truth after diligently searching the factual record, and seeking the opinions of unassailable witnesses. While that would have been JAMA's customary approach, my understanding of the factual record suggests the New York Times was correct in observing, "the journal's research was less than thorough",[4][4] and that the Columbia Journalism Review, which denigrated JAMA's JFK work,[5][5] did so for good reason.

In response to Crenshaw's rebuttal, I understand JAMA intends to write, "The autopsy pathologists reaffirmed their 1963 finding that JFK was killed by two bullets fired from behind, supporting the Warren Commission...". Is it not in the interest of the unvarnished truth, Dr. Lundberg, to mention that the pathologists reaffirmed to JAMA the autopsy report's claim that Kennedy's skull wound was so low in the rear of the skull (near the external occipital protuberance - EOP), that if the fatal bullet entered where all three pathologists insist it did, Oswald could not possibly have been the assassin? That from Oswald's alleged perch a bullet fired downward into the area of JFK's EOP, the rear-bottom of his skull, would have emerged no higher than the middle of the President's face, and not, as per the autopsy report, parietal-temporal-occipital? That the autopsists' 'parietal-temporal-occipital' description of JFK's skull defect is fully compatible with Crenshaw's account of JFK's skull wound, but incompatible with the 'antero-lateral' defect visible in the controversial, and restricted, autopsy images I myself have seen - an interpretation corroborated by JAMA author, Robert Artwohl, MD?[6][6] Are we expected to accept the autopsy images as definitive, but suppose that JFK's pathologists mistook a right-front skull defect for a defect in JFK's right-rear? And having accepted the 'official' view, and its disquieting implicaitons about the capabilities of the autopsists, are we then not to wonder at your ringing endorsement of them in JAMA and elsewhere?

JAMA authors, John Lattimer, MD and Robert Artwohl, MD, have maintained the autopisits missed the correct location of the fatal entrance wound - placing it at the bottom of JFK's skull, too low by a whopping 10-cm from where it "is" in photos and X-rays.[7][7][8][8] Would it not be of value to explain to your readers that it is the currently held, 'official' view, and apparetnly JAMA's, that JFK's three autopsists were not only unable to tell the right-front of JFK's skull from the right-rear, they were also unable to tell the bottom of the skull from the top?[9][9] If that is true, why did such bumblers get your stout and unqualified endorsement in JAMA and in numerous public appearances? Given your presumed acceptance of this 'official' version, would you please then explain why you, or any JAMA reader, should trust any of the pathologists' other conclusions, especially in view of the fact they declined your invitation to appear with you at a news conference, announcing their revelations, to take questions from the free press, and they also refused the scientific tradition of answering colleague letters you selected and published in JAMA, even from fellow pathologists? Might it not also be of benefit to your readers, Dr. Lundberg, to explain that many, though not all, Warren critics believe

the autopsists were not in such grievous error? That the autopsy evidence, including contemporaneous diagrams, is evidence that was closest to the event, and so probably more reliable than later interpretations, perhaps even if such early evidence exculpates Oswald?

JAMA's principal argument seems to be that advanced by James J. Humes, MD, JFK's chief autopsy pathologist. Under the heading, "A foolproof finding", JAMA quotes an emphatic Humes: "In 1963, we proved at the autopsy table that President Kennedy was struck from above and behind by the fatal shot. The pattern of the entrance and exit wounds in the skull proves it, and if we stayed here until hell freezes over, nothing will change this proof. It happens 100 times out of 100, and I will defend it until I die. This is the essence of our autopsy, and it is supreme ignorance to argue any other scenario. This is a law of physics and it is foolproof - absolutely, unequivocally, and without question. The conspiracy buffs have totally ignored this central scientific fact, and everything else is hogwash."[10] JAMA thus accepts that the beveling characteristics of JFK's skull irrefutably prove he was shot from behind. Such a claim is simply scientifically untrue, a fact which a competent peer-reviewer would have uncovered. There are numerous cases from the scientific literature in which the documented beveling characteristics were the reverse of what might have been expected from the known direction of bullet path.[11][11] [12][12] [13][13] [14][14] [15][15] While beveling is useful in deciding a bullet's direction, it is far from Humes' '100 times out of 100'. Moreover, if Lattimer and Artwohl are correct that JFKs pathologists missed the correct location of the skull wound by 10-cm (I do not believe they are so incompetent), are Warren loyalists then expected to unquestioningly trust their conclusions on the directionality of the wounding? After all, was not the direction of the wounding established by subtle beveling characteristics of skull **fragments**, a far more difficult determination than the error they supposedly made - mislocating the wound's entrance by 10-cm to the wrong skull bone?

Dr. Lundberg, you apparently intend to repeat your slur, first reported in the New York Times on 5/20/92, that Crenshaw's book was a "sad fabrication based on unsubstantiated allegiations". That mean-spirited comment used an ironically poor choice of words. Several of JAMA's claims regarding Crenshaw were themselves, indisputably, 'sad fabrications' based on unsubstantiated, and wildly innacurate, 'allegations' of Parkland physicians, including Charles Baxter, MD, who you apparently intend to quote again in your response. But is Baxter reliable? In a hand-written note prepared on 11-22-63 and published in the Warren Report (p. 523), Baxter wrote, "...the right temporal and **occipital** bones were missing..."(emphasis added) (a contention quite consistent with Crenshaw's account).[16][16] However, when asked to read this, his own, hand-written report into the record to the Warren Commission, his words appear exactly as Baxter wrote them, except for the above sentence which reads "...the right temporal and **parietal** bones were missing." (emphasis added).[17][17]

According to both JAMA's Dennis Breo and author Gerald Posner, Baxter also apparently claimed that Crenshaw was not even present in JFK's trauma room. JAMA wrote, "Most of those who know the facts express disgust at Crenshaw's actions and question if he was involved in the care of the President at all ... None of the four (interviewed by Breo) recalls ever seeing him at the scene." [18][18] Gerald Posner added that Baxter said, "I don't either (remember that Crenshaw was present in JFK's trauma room)."[19][19]. However, while under oath before the Warren Commission, Baxter named the physicians present with him in the emergency room with JFK, and the very first person he mentioned was Charles Crenshaw![20][20] (As you now know, Crenshaw's presence was also confirmed by multiple witnesses in Warren Commission volume #6: 32, 40, 60, 80 & 141, as well as in contemporaneous news reports.)

Baxter also disputed Crenshaw's claim that he'd picked up a call from President Johnson while tending to Oswald on November 24, 1963. JAMA reported Baxter claimed, "Did that happen? Heavens no ... imagine that, the President of the United States personally calls for Chuck Crenshaw." [21][21] Baxter's implication that Crenshaw claimed LBJ had called personally for him is not found in Crenshaw's book. Crenshaw wrote, "... a nurse tapped me on the shoulder and asked if I would take a telephone call in the supervisor's office. She had chosen me to take the call because I was the head of Surgical 'B', the team that began the operation..." [22][22] Moreover, as noted in the New York Times, Baxter "could not have known about the call because he was not present during Oswald's surgery."[23][23] (Emphasis added. JAMA's peer-reviewers apparently failed to check Baxter's false criticisms against the record.)

In determining whose credibility one should trust, it is of significant note that two witnesses overlooked by JAMA corroborated Crenshaw's claim of a call from LBJ. The New York Times reported that Dallas neurosurgeon, Philip Williams, MD said, "I vividly remember someone said, and I can't say who it was, the White House is calling and

President Johnson wants to know what the status of Oswald is ... I have said this for years."[24][24] Parkland's chief telephone operator, Phyllis Bartlett, also remembered having placed LBJ's call through to Oswald's operating room during the attempt to save his life, and so wrote to the Dallas Morning News.[25][25] While no one can be certain that it was Crenshaw who took LBJ's call, no other physician has come forward to claim so, and thus there seems to be no compelling reason to disbelieve Crenshaw's account of the twice corroborated call.

JAMA also apparently embraced the comments of Parkland's anesthesia chief, Marion Thomas Jenkins, MD in disputing Crenshaw's description that JFK had a rear skull defect involving cerebellum. JAMA reported, "...Dr. Jenkins wrote in a 1963 report that Kennedy's "cerebellum" had been blown out, when he meant "cerebrum."[26][26] It seems likely, however, that if Jenkins had truly meant to say "cerebrum", rather than "cerebellum", in the summary he prepared on the day of the murder, he would have taken any one of three later opportunities over fifteen years to correct his mistake. To the Warren Commission, when presumably his recollection was fresh, Dr. Jenkins said, "Part of the brain was herniated; I really think part of the **cerebellum**, as I recognized it, was herniated from the wound...".[27][27] (emphasis added) Andy Purdy, JD counsel for the HSCA, interviewed Jenkins 13 years later on 11-10-77 and reported, "Regarding the head wound, Dr. Jenkins said that a portion of the **cerebellum** (lower rear brain) (sic) was hanging out from a hole in the right-rear of the head."[28][28] (emphasis added) In an interview with the ***American Medical Association News*** published on 11-24-78 Jenkins said, "...he had part of his head blown away and part of his **cerebellum** was hanging out." (emphasis added)

Thus on four prior occasions over 15 years Jenkins had claimed JFK's skull wound was in the rear, and involved cerebellum:
1) On 11-22-63, in a typed and signed note, Jenkins described, "a great laceration on the right side of the head (**temporal and occipital**) (sic), causing a great defect in the skull plate so that there was herniation and laceration of great areas of the brain, even to the extent that the **cerebellum** had protruded from the wound."[29][29] (emphasis added)
2) In Commission testimony in 1964,
3) In an 1977 HSCA interview with A. Purdy, and,
4) In a 11-24-78 interview with the ***AMA News***, Jenkins had claimed that he observed "cerebellum". (Breo and JAMA's peer reviewers were apparently unfamiliar with even the AMA's literature on JFK!)
Are we to assume that Jenkins memory has improved with the passage of time?

Moreover, in refuting his own frequently-made claim that cerebellum was visible in JFK's skull wound, Jenkins failed to mention (nor Breo note) that neurosurgery professor, Kemp Clark, MD, who pronounced Kennedy dead after closely examining JFK's skull, also twice claimed JFK had a rear skull defect involving cerebellum in Warren Commission testimony. Clark noted "a large, gaping wound in the right posterior part, with cerebral and **cerebellar** tissue being damaged and exposed."[30][30] (Emphasis added. Clark repeated this assertion to Mr. David Naro and a second witness in 1993.[31][31]) So apparently did all of Jenkins' teammates in the Breo interviews. James Carrico, MD, described seeing "**cerebellum**" in a note written on the day of the assassination,[32][32] and told the Warren Commission the "defect (was) in the **posterior skull, the occipital region**".[33][33](emphasis added) Malcolm Perry, MD told the Warren Commission, "there was a large avulsive wound on **the right posterior cranium**....".[34][34] (emphasis added) Perry told HSCA counsel, Andy Purdy, "I looked at the head wound briefly by leaning over...and ... some **cerebellum** (was) seen...".[35][35] (emphasis added) Charles Baxter, MD swore to the Warren Commission, "...that **the cerebellum was present**....".[36][36] (emphasis added) Robert McClelland, MD, told the Warren Commission, "... the loss of cerebral and **cerebellar** tissues were so great...".[37] (emphasis added)

If Breo's aim was to solely present Jenkins' revised recollection about 'cerebrum/cerebellum' to undermine Crenshaw's credibility on the Oswald-exculpating evidence of a rear skull defect, he not only failed to note, let alone explain, Jenkins' inconsistencies, he also misrepresented the overwhelming evidence from eyewitnesses that there was such a rear, cerebellum-revealing defect, including even from those witnesses he used to discredit Crenshaw! One must also recall that the autopsists themselves claimed JFK's skull defect extended down to the level of the EOP in sworn testimony.[38][38] And is not the EOP at the bottom, rear of the skull? (That Crenshaw's description of JFK's rear skull defect was also corroborated by virtually all witnesses at Bethesda is beyond the scope of my discussion, but I would be happy to furnish you the compelling evidence if you like. Nevertheless, JAMA's peer reviewers shared Breo's unfamiliarity with the record in this area as well.)

JAMA emphasized Parkland physician errors observing, "Mistakes do happen and contribute to conspiracy theories ... Perry (for example) appeared at a riotous press conference on the day of the assassination and said that the fatal shot 'might have come' from the front. All have become grist for the rumor mill."[39][39] Unfortunately for JAMA, Perry's comments to the press are indeed 'true grist'– he did not say the bullet 'might have come from in front or behind'; he flatly said it was his belief that it had come from in front, and he repeated only that view to the press three times![40][40] Moreover, Boston Globe medical reporter, Herbert Black, asked Perry how the throat wound could be one of entry if the gunman was behind the President. Perry answered, "It may have been that the President was looking sideways with his head thrown back when the bullet or bullets struck him."[41][41] These are hardly the words of equivocation - he made no allowances, either at the news conference or to Mr. Black, that he entertained any possibility other than that the throat wound was one of entrance. Unfortunately, Perry claimed to the Warrren Commission, and also, apparently, to JAMA, that his words were misinterpreted by the press, but the released verbatim transcript of Perry's remarks show the journalists had been accurate. Whether Perry's opinion on the day of the assassination that JFK's throat wound was one of entrance is true or not is less important than that he was willing to falsely accuse the press of misrepresentation. As a journalist yourself, Dr. Lundberg, surely you must take exception to such behavior. Yet again, apparently neither Breo, nor his peer reviewers, knew of these troubling facts. (Space constraints do not allow a far greater listing of similar inconsistencies I've uncovered from Drs. Perry, Baxter, Carrico and Jenkins, and myriad other factual errors in JAMA's JFK work. Copy available by request.)

I do not mean in the least, Dr. Lundberg, to suggest that the Parkland physicians you chose to discredit Crenshaw are disreputable physicians. In fact, quite opposite is the case as I understand it. I mention their unexpected inconsistencies merely because I believe it is important to acknowledge their unreliability on the subject of JFK. (That such highly regarded physicians have had such unique difficulties with their memories on JFK is a fascinating subject in its own right, but quite besides the point here.) Their prior unreliability places the burden upon you to defend using their statements without qualification in regards to JFK, as it would be mine if I supported my contrary hypothesis solely on the statements of Crenshaw, which I emphatically would not.

I agree that you are right to criticize Dr. Crenshaw for his 29 year silence and for overstating his involvement in JFK's resuscitation. One should only cautiously consider the comments of a man who took so long to tell his tale. I believe, however, that JAMA's remarks about Crenshaw were of an unprofessional, mean-spirited, personal nature, and that they have no place in a scientific journal. It is significant that he admitted in the New York Times that his involvement was overstated, an important acknowledgment and one JAMA never recognized.[42][42] By contrast, the libelous, factual errors published in JAMA - that Crenshaw was not involved at all in JFK's care and that he did not take a call from LBJ - were inexplicably never corrected, even for the scientific record, let alone to protect the AMA's reputation and a large financial settlement. JAMA readers who did not have the New York Times or the Warren Volumes themselves to correct your errors would never have known the truth had it not been for Crenshaw's suit. JAMA's failure to acknowledge its errors, after Crenshaw admitted his, will inevitably give the moral high ground to Crenshaw. It this your wish?

Dr. Lundberg, you apparently accept the verdict of the first official investigation into JFK's death - that there was no conspiracy. Most other Americans, myself included, accept the verdict for conspiracy of the second official investigation - that of the House Select Committee on Assassinations. The merits of both hypotheses can be argued scientifically. Having elevated the scientific standards of the AMA's journal as its editor, you were in an unique position to fairly present arguments for both sides on JFK. I cannot understand why you allowed JAMA to stray from its high standards, especially for the exploration of JFK's controversial death. For despite the claim that the JFK case is 'closed', much is still unknown and JAMA might have helped. Do not at least AMA members have the right to expect that 'our' journal's editor, in rightly decrying the shoddiness of most 'conspiracy theorists', would have insured the highest standards in ***The Journal's*** coverage of the subject, rather than emulating the low tactics of the worst of the conspiracists he disdained?

Why should I have to face professional embarrassment having Crenshaw's **lawyer** inform me that the claims of two AMA-employee physicians, yours and those of JAMA assistant editor, Drummond Rennie, MD,[43][42] are untrue that Dennis Breo's work on JFK was "peer-reviewed"? Is it not true that no 'acknowledged expert' reviewed his work - it was reviewed by you, AMA attorney Betty Jane Anderson, JD, and AMA editor, Richard Glass MD? Not one of you was an expert on this subject, a fact brought home by the outcome of the suit. Did you not admit your ignorance of the JFK subject during your presentation on April 4, 1993 in Chicago? Did you not then promptly prove it by claiming to an

incredulous audience that it made no difference whether JFK's fatal bullet entered the top or the bottom of his skull? (Upon hearing of your comment your forensic pathology professor, Michael Baden, MD, expressed dismay for what you failed to learn under his tutelage.[44][44])

When I, a mere AMA member, brought the Breo-peer review question to you personally, you misled me by having your secretary FAX me the AMA's definition of a "peer-reviewer" - to suggest that the 'in-house' peer review Breo got was legitimate peer review, when, because it lacked an 'acknowledged expert', it clearly was not. (Copy of my letter to you, and your FAX'ed resonse available by request.) Should we AMA members have to turn to a suing attorney to get the truth about "our" organization? While your peculiar choice for reviewers partly explains the inadequate scholarship of JAMA's JFK work, your calling such scrutiny 'peer-reviewed', remains mysterious, especially in light of your 'acknowledged expertise' - as a scientific editor - on what properly constitutes true 'peer review'.

Can your coverage of the JFK subject be considered balanced when credentialed and knowledgeable Warren Commission critics were allowed only a scant few letters to the editor, and at least one submitted, critical article - written by an AMA member, who holds a Ph.D. in physics, and who has seen the restricted autopsy materials, David Mantik, MD, Ph.D. - was rejected by you without the minimal courtesy of a deserved peer review? (You may recall Mantik discussed his interview with the only attending physician at JFK's autopsy overlooked by JAMA, radiologist John Ebersole, MD. So Mantik's work did not lack importance or novelty, but only, apparently the 'correct' conclusions.) Can you really expect JAMA readers to be satisfied by the objectivity of interviews with JFK's military pathologists conducted "exclusively" by you and your underling Breo, when you are a former military pathologist yourself and a personal friend of theirs? I hope that you can see, Dr. Lundberg, that the peculiarities in JAMA's coverage of JFK will inevitably confirm in the minds of many the Columbia Journalism Reivew's ironic observation, "You see? ... It's not only the FBI and The CIA **and the AMA** that are in on the conspiracy. The establishment press (who could not possibly honestly believe JAMA's shoddy JFK work) is in on it, too!"[45][45]

The noted authority, Arthur Plotnik, has observed, "**The one editorial skill** that even the most philistine media executives can appreciate is the capability to sniff out trouble before it gets into print ... The best editors become troubleshooters not to hold on to their jobs, however, but because they are **decent human beings who don't want to hurt people by publishing false and damaging material.**...".[46][46] (emphasis in original and added) "One hopes ... that **no editor would sink so low**, **even to attack the most universally despised public figure**. Editors are morally bound...to take **every precaution imaginable in verifying facts to assure that truth is being served** when **any member** of society is being publicly kicked in the pants."[47][47] (emphasis added) Your position and good reputation makes it impossible for me to believe you took 'every precaution' with Crenshaw. Will you now compound your error, and the AMA's embarrassment, by libeling him yet again with the same unreliable witnesses, and by glossing over the fact that after you lost the legal battle for failing to do your own due diligence - as a scientist and journalist - to ascertain and report the true facts on Crenshaw, both good as well as bad, you had the audacity to send us AMA members the bill?[48][48]

I look forward to your reply and will share it with my correspondents.

Sincerely yours,

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[3] 3.Breo DL. JFK's death, part II - Dallas MDs recall their memories. JAMA. 1992;267:2807.
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[22] 22.Crenshaw CA. JFK - Conspiracy of Silence. 1992, New York, Signet, p. 186.
[23] 23.New York Times, May 26, 1992, p. C 3.
[24] 24.New York Times, May 26, 1992, p. C 3.
[25] 25.Letter to the Dallas Morning News by Ms. Phyllis Bartlett. Copy available by request.
[26]. 26.Breo, DL. JFK's death, part II--Dallas MDs recall their memories. JAMA 267:2807.
[27] 27.Warren Commission - 6H48.
[28] 28 House Select Committee on Assassinations (HSCA)V7:286-287.
[29] 29.Warren Commission - Exhibit #392.
[30] 30.Warren Commission - 6H20.
[31] 31.Personal communication with David Naro. Copy available by request.
[32] 32.Warren Commission exhibit, CE 392. 17H4-5.
[33] 33.Warren Commission -3H361.
[34] 34.Warren Commission -3H368.
[35] 35.HSCA-V7:302.
[36] 36.Warren Commission - 6H41.
[37] 37.Warren Commission - 6H33.
[38] 38.HSCA. Vol. 7:246-261.
[39] 39.Breo, DL. JFK's death, part II--Dallas MDs recall their memories. JAMA 267:2807.
[40] 40. See enclosed verbatim copy of Parkland news conference with Malcolm Perry, MD and Kemp Clark, MD. Copy obtained from LBJ library.
[41] 41.Boston Globe, November 24, 1963, p.9.
[42] 42.New York Times, May 26, 1992, p. C 3.
[43] 43.Personal letter from Drummond Rennie, MD. Available by request.
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[46] 46.Plotnik A. The Elements of Editing--A Modern Guide for Editors and Journalists. 1982, New York, Macmillan. p50-51.
[47] 47 IBID, p. 54.
[48] 48.While you will apparently argue that the AMA insurance picked up the tab, and not the membership, do we not pay the insurance? Did we not pay your salary during your three days of depositions, and perhaps countless other hours of preparation when you were not doing what you were hired to do - edit JAMA? Did we not also pay the salaries of the other AMA employees during their depositions and their time for preparation, as well as the salaries of the 'in house' AMA attorneys that were required, and the meal and travel expenses for all? And wouldn't this all have been so easily avoided if you had (as I suggested to you in person in Chicago on April 4, 1993, and again in the November/December, 1993 issue of the Columbia Journalism Review - see CJR letters to the editor) "done the honorable thing and published a retraction?"